

U.S. Department of Justice  
United States Marshals Service


**PROCESS RECEIPT AND RETURN**

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER 1:24-CV-3744
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Alaris Equity Partners USA Inc.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 455 Capital Mall Complex, Suite 217, Sacramento California 95814	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 <b>21</b> Number of parties to be served in this case <b>21</b> Check for service on U.S.A. <b>X</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include *Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Personal Service to registered agent: Capital Corporate Services Inc.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 2/9/2025
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet >>

REMARKS


U.S. Department of Justice  
United States Marshals Service

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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER 1:24-CV-3744
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Brick Bodies Services, Inc.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West padonia Road Timonium Maryland 21093	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285 <b>21</b> Number of parties to be served in this case <b>21</b> Check for service on U.S.A. <b>X</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  
Office Hours - Service to Company

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 2/9/2025
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Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy _____	

Costs shown on attached USMS Cost Sheet >>

REMARKS



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PLAINTIFF Ryan Dillon-Capps		COURT CASE NUMBER 1:24-CV-3744	
DEFENDANT Ohana Growth Partners, LLC. et al		TYPE OF PROCESS Personal	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Down Under Growth Partners, LLC		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 212 West padonia Road Timonium Maryland 21093		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221		Number of process to be served with this Form 285	21
		Number of parties to be served in this case	21
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):  
Office Hours - Service to Company

Signature of Attorney other Originator requesting service on behalf of:



☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

703-303-1113

DATE

2/9/2025

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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above ( <i>See remarks below</i> )					
Name and title of individual served ( <i>if not shown above</i> ) _____				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address ( <i>complete only different than shown above</i> ) _____				Signature of U.S. Marshal or Deputy _____	

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PLAINTIFF Ryan Dillon-Capps	COURT CASE NUMBER 1:24-CV-3744
DEFENDANT Ohana Growth Partners, LLC. et al	TYPE OF PROCESS Personal


**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Pla-Fit Franchise, LLC

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
4 Liberty Lane West Hampton New Hampshire 03842

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ryan Dillon-Capps 1334 Maple Avenue Essex Maryland 21221	Number of process to be served with this Form 285 21
	Number of parties to be served in this case 21
	Check for service on U.S.A. X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  
Office Hours - Service to Company

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 703-303-1113	DATE 2/9/2025
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy _____	

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